

E. 6  
11/20/95

# SHERIDAN TOWNSHIP

13355 29 Mile Road

Albion, Michigan

Telephone (517) 629-2604

November 20, 1995

Susan Turner  
25650 B Drive N  
Albion, Michigan 49224

Dear Mrs. Turner:

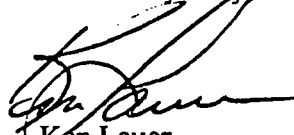
This letter is provided in affirmative response to your Freedom of Information Act request provided in your letter dated November 17, 1995, and received by us on November 17, 1995.

Request No. 1. At this time we are not aware of any costs to Sheridan Township.

Request No. 2. You would have to contact the E.P.A. offices, we do not have that information.

I trust I have responded to your inquiries.

Yours very truly,

  
Ken Lauer,  
Supervisor

US EPA RECORDS CENTER REGION 5



471022

ROGERS SHAM-TUB

P 659 280 363



**Certified Mail Receipt**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sheridan Township  
Township Trustee  
13355 29 Mile rd.  
Albion, MI 49224

Postage	\$ 75
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, & Address of Delivery	
Postage Fees	\$ 2.75
Postmark or Date	

PS Form 3811, Apr. 1989

1000 STA

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:

Sheridan Township  
Township Trustee  
13355 29 Mile rd.  
Albion, MI 49224

4. Article Number

659280363

Type of Service:

☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X *Mary D. Lopez*

6. Signature — Agent

X

7. Date of Delivery

7-12-94

8. Addressee's Address (ONLY if requested and fee paid)

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Shenidan Township

E.1

Paid City of Albion for use of dump

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